



DoubleTree by Hilton Washington, DC – Crystal City
300 Army Navy Drive
Arlington, VA 22202
June 20, 2018

Executive Session
Meeting Summary

FICEMS Members in Attendance

Department of Defense (DoD)

COL Andrew Wiesen, MD, Director, Preventive Health for the Office of the Deputy Assistant Secretary of Defense for Health Affairs

Department of Health and Human Services (HHS)

Edward J. Gabriel, MPA, Deputy Assistant Secretary for Incident Command and Control, ASPR

Theresa Morrison-Quinata, Health Resources and Services Administration

CAPT Richard W. Niska, MD, MPH, Team Lead, Healthcare Preparedness Response Team, Centers for Disease Control and Prevention

Jean Sheil, Director, Emergency Preparedness and Response Operations, Center for Medicare and Medicaid Services (CMS)

Department of Homeland Security (DHS)

G. Keith Bryant, US Fire Administrator

Duane Caneva, MD, Chief Medical Officer

Department of Transportation (DOT)

Heidi King, Deputy Administrator and Acting Administrator, National Highway Traffic Safety Administration (NHTSA)

Federal Communications Commission (FCC)

David Furth, Deputy Bureau Chief, Public Safety and Homeland Security Bureau

State EMS Director

Joe Schmider, Texas State EMS Director

FICEMS Staff in Attendance

Department of Defense (DoD)

Mark Gentilman, MD, Director of Medical Preparedness Policy

Department of Health and Human Services (HHS)

Sean Andrews, MPH, Office of the Assistant Secretary for Preparedness and Response (ASPR)

Department of Homeland Security (DHS)

Ray Mollers, Office of Health Affairs (OHA)

Department of Transportation (DOT)

Dave Bryson (NHTSA)

Jeremy Kinsman (NHTSA)

Jon Krohmer (NHTSA)

Gamunu Wijetunge (NHTSA)

Welcome, Introductions, Opening Remarks

Edward J. Gabriel, MPA, FICEMS Chair

Mr. Gabriel called this executive meeting of the Federal Interagency Committee on Emergency Medical Services (FICEMS) to order at 1:11pm. He noted the strong work that has been done over the past 5 years on the EMS Agenda 2050 and that the document will provide a plan for EMS in the future.

Background Remarks

Gamunu Wijetunge, EMS Agenda 2050 Federal Project Officer

Mr. Wijetunge reported that the draft EMS Agenda 2050 was posted for public comment from May 1, 2018 to May 30, 2018. The Federal Interagency Committee on EMS supported the project with funding provided by NHTSA, the Health Resources and Services Administration (HRSA), ASPR, DHS Office of Health Affairs, and the DoD. This document will update the EMS Agenda consensus document published in 1996.

The contract for the project was awarded to the RedHorse Corporation in September 2017 with work provided by RedFlash Group, a subcontractor. A 10-member Technical Expert Panel (TEP) is guiding the revision process. The theme of the project was one of radical inclusion and the team has collected input from the general public, national, state and local conference sessions, webinars and digital outreach programs. The final two national public meetings were on January 7, 2018 in Los Angeles, CA and on March 1, 2018 in Dallas, TX. The TEP reviewed public input on the draft and submitted an updated draft to NHTSA for FICEMS to review.

A public release meeting for the completed agenda is scheduled for September 2018 at DOT headquarters, and all FICEMS members will receive an invitation. The goal is to release the final agenda document at the public release meeting (www.EMSagenda2050.org).

Mr. Wijetunge encouraged FICEMS members to provide feedback on the document and noted that this is also an opportunity to incorporate ideas from the EMS Agenda 2050 into the FICEMS 5-year strategic plan which is currently being updated.

Mr. Gabriel invited Mike Taigman to lead the committee discussion and requested that members provide written feedback on the EMS Agenda 2050 to Mr. Taigman.

EMS Agenda 2050 – A Facilitated Discussion

Mike Taigman, EMS Agenda 2050 Project Facilitator

Mr. Taigman reported on the guiding principles for the creation of EMS Agenda 2050. The core principle was to provide a 'People-Centered EMS system,' which includes patients, families, and providers in the community. Six additional principles guiding the vision for the future of EMS systems include that they be:

- Integrated and seamless
- Socially equitable
- Adaptable and innovative
- Sustainable and efficient
- Reliable and prepared
- Inherently safe and effective

The goal of the agenda is to project 30 years into the future and beyond to guide the development of EMS systems. Thousands of comments were received during the feedback process of and revisions were made based on the feedback.

Mr. Taigman invited input from the committee on how the federal government can make this vision a reality and provide support.

Ms. King noted that safety and effectiveness are often at odds with one another in the field. What may be safest for the responder may not be the most effective for the patient. She proposed that the two items be addressed separately.

Mr. Taigman agreed that it is important to balance safety and effectiveness. An intervention that is 100% safe would likely not be 100% effective, and one that is 100% effective might pose great harm to the victim or the responder.

COL Wiesen highlighted the importance of stating if the intended perspective was that of the victim or the responder. He proposed that safety and effectiveness are likely two separate concepts.

Dr. Caneva stated that it is difficult to predict the challenges we may face in 2050 and the creative innovation that will be necessary to tackle them. He proposed that the federal government catalyze the development of these concepts and innovations.

Mr. Gabriel added that it is very difficult to anticipate the safety measures that might be needed 30 years in the future as things change so rapidly. He proposed that effectiveness could always use improvement, but that it is important to define and carefully quantify effective results. The EMS community is in a position to set a standard for the rest of the country, which is an incredible responsibility.

Mr. Schmider explained that a risk management approach to safety and effectiveness might be best since it is critical to determine whether the risk is worth the known benefit.

Ms. King added that the tools used for risk management of safety are different than the tools used to for the risk management of effectiveness. The team may need to use different metrics to assess risk and effectiveness.

Mr. Andrews suggested using a broader framework to determine where the guiding principles might be most effective. Some principles will be most effective when initiated from the bottom levels of EMS organizations to ensure that the entire EMS system is equitable. A top down approach may be best for ambulance safety and provider requirements. He noted that FICEMS is in a position to help figure out whether change on these topics should be initiated from the top or the bottom. FICEMS can also help determine which federal agency is best qualified to handle the areas that require a top down approach (i.e., regulations, training, etc).

Dr. Caneva suggested using an operational risk management approach. Cost- and risk-weighting socially equitable systems is important in order to determine their viability.

Mr. Taigman thanked the group for their input and comments. He asked the committee for specific feedback on the guiding principle of an integrated and seamless system and appropriate federal government involvement.

Mr. Schmider stated that the role of federal partners differs from that of local partners. He said that local EMS groups should partner with the other community stakeholders since local partnerships are critical. The federal government should have more of a regulatory role rather than a partnering role.

Dr. Caneva said that he looks at the healthcare sector similarly to the energy sector. The private energy sector is overseen and regulated by the local and federal government but provides its own self-governance. This model imposes the responsibility of providing quality services on the private sector and encourages it to come up with and implement solutions.

Mr. Gabriel added that EMS is looking to be included in the world of emergency response the way that police and fire are seen as working together and with connectedness. Large issues such as medical direction and paramedic certifications are healthcare issues rather than field issues, which presents challenges. He also suggested examining recent emergencies and assessing what went well and who was responsible for various tasks to gain insights. A longstanding issue has been the need to standardize the credentialing process for EMS. All EMS providers will be used in emergencies regardless of state-specific credentialing. FICEMS should encourage the federal government to set up agreements for use in authorized emergency circumstances.

Mr. Furth compared EMS Agenda 2050 to the technology and communications industries. He proposed optimizing technology to integrate systems that are currently not connected. He encouraged the committee to consider the associated costs of integrating systems and who the payers would be. He noted that it is important to identify a model for analyzing the costs of integration and the associated benefits. He also suggested focusing on the information environment since it is important to try and predict and prepare for what communication and technology systems will be like over the next several decades.

Mr. Taigman asked the committee to provide feedback on one unifying action that FICEMS could take regarding EMS Agenda 2050.

Mr. Gabriel asked each member to draft a paragraph to answer the query, submit it to Mr. Taigman, and then the committee would have a follow-up conference. He also shared that the emergency responder community has provided positive feedback on EMS Agenda 2050. Mr. Gabriel thanked the group for the healthy discussion.

A motion carried to adjourn the meeting at 2:02pm.